

NEW JERSEY STATE DEPARTMENT OF EDUCATION NON PUBLIC SCHOOL STUDENT APPLICATION FOR CHAPTER 192 SERVICES

SCHOOL YEAR: 2012-2013

This application form is for the parent/guardian to request auxiliary/remedial services for their child. The parent/guardian completes the application and submits it to the nonpublic school or directly to the public school district where the nonpublic school is located (NOT the district where the parent resides). A separate application must be submitted for <u>each</u> service requested.

NONPUBLIC SCHOOL	
1. School:	
Address:	
City	Zip: County:
Telephone: Principal:	
STUDENT	
2. Student <u>Last</u> Name: St	udent <u>First</u> Name:
Address:	
City	Zip: County:
Parent Phone: Home Grade: Birth	n Date: Gender:
	/ O Male O Female
Ethnicity: O White O African-American O Asian O Hispanic O	American Indian O Multi-racial
3. SHADE ONE: O Initial Application for Service O Application to Contin	nue Service
4. SERVICE REQUESTED (Complete one form for each service requeste	.d\
•	su)
a) O LANGUAGE ARTS LITERACY O Reading O Writing e) I	ELIGIBILITY CRITERIA
a) O LANGUAGE ARTS LITERACY O Reading O Writing e) I	
a) O LANGUAGE ARTS LITERACY O Reading O Writing e) I b) O MATH c) O ENGLISH LANGUAGE LEARNERS	ELIGIBILITY CRITERIA Grades 3-12: Assessment Name: Score:
a) O LANGUAGE ARTS LITERACY O Reading O Writing e) I b) O MATH c) O ENGLISH LANGUAGE LEARNERS Native Language of Student:	Grades K-2 (must include 3 of the 4 listed below):
a) C LANGUAGE ARTS LITERACY Reading Writing e) I b) MATH c) ENGLISH LANGUAGE LEARNERS Native Language of Student:	Grades 3-12: Assessment Name: Grades K-2 (must include 3 of the 4 listed below): Teacher and parent survey, interviews, observational assessments Samples of children's work that are collected over time (minimum 45 days in school)
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